rev: 9/27/2006

CHILD CUSTODY MEDIATION INTAKE FORM

ALL SHADED AREAS MUST BE COMPLETED IN ORDER TO PROCESS YOUR INFORMATION

Parent or Guardian's Full Name:	Next Court Date: Are both parities served? (Yes • No)									
Cally State:	Court Action #:	Dept. #:	Primary	/ Languag	e: Both parties use English \square Y				□ No	
Cally State:										
City State Cit	Parent or Guardian's Full Name: Relationship to minors:							☐ Petitioner		
Date of birth Date of birt					☐ Respondent					
Cell/Margy: Email:	Street:				City/State:			Zip		
Altorneys Full Name and Bar Number: Relationship to minors: Petitioner Respondent	Home Phone #: ()				Work #: ()			Date of birth		
Petrone Pet	Cell/Msg:	Email:								
Street	Attorney's Full Name and Bar Number:									
City/Slate Cit	Parent or Guardian's Full Name: Relationship to minors:							☐ Petitioner		
Home Phone #: (Respondent					
CellMsg:	Street:				City/State			Zip		
Attorney's Full Name and Bar Number: CHILDREN (Full Name) Check One DOB AGE CHILDREN Check One DOB AGE CHILDREN Check One DOB AGE #4 Male	Home Phone #: ()				Work #: ()				birth	
CHILDREN (Full Name) Check One DOB AGE CHILDREN Check One DOB AGE CHILDREN Check One DOB AGE #4 Male	Cell/Msg:				Email:					
#1	Attorney's Full Name and Bar Number:				☐ I do not have an attorney.					
#2			DOB	AGE				ЭB	AGE	
#3	#1				#4					
#3	110				ur-					
#3 Male	#2				#5					
Please answer the following questions: 1. Were you married to each other?	#2				#6					
Please answer the following questions: 1. Were you married to each other?	#3				#0					
1. Were you married to each other?										
2. Whom are the child(ren) in this matter living with now?	Orientation: Date & Time									
3. Do you want to bring up any of the following issue with your mediator? (Check only if allegations made) Drug/Alcohol Abuse Domestic Violence Child Stealing Juvenile Court Actions 4. Has either party made sworn allegations of domestic violence against the other? Yes No If yes, who has made the allegations? Who are the allegations against? Other: Is there a Restraining Order currently in place? Yes No a. What type of Restraining Order? DVPA Other Civil Criminal Emergency (EPO) Juv. Ct. Unknown b. Who does the Restraining Order restrain? When does it expire? When does the Restraining Order Protect? When does it expire? No d. Do you want separate mediation appointments? Yes No (Check yes when sworn allegations of DV have been made) Special Court Instructions/Special Circumstances:	DEC									
□ Drug/Alcohol Abuse □ Child Abuse □ Domestic Violence □ Child Stealing □ Juvenile Court Actions 4. Has either party made sworn allegations of domestic violence against the other? □ Yes □ No If yes, who has made the allegations? □ Who are the allegations against? □ Is there a Restraining Order currently in place? □ Yes □ No a. What type of Restraining Order? □ DVPA □ Other Civil □ Criminal □ Emergency (EPO) □ Juv. Ct. □ Unknown b. Who does the Restraining Order restrain? □ When does it expire? □ When does it expire? □ Dvyou want separate mediation appointments? □ Yes □ No (Check yes when sworn allegations of DV have been made) Special Court Instructions/Special Circumstances:	other:								me	
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Special Court Instructions/Special Circumstances:										
Accomodations for Disability:	Special Court Instructions/Special	al Circumstanc	es:							
	Accomodations for Disability									
Nome Signature Date										